



IMPACT OF EXPRESSIVE THERAPY ON THE ADAPTIVE BEHAVIOR OF CHILDREN WITH MILD INTELLECTUAL DISABILITIES

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ABSTRACT

Expressive Therapy is the therapeutic use of expressive and creative modalities (art, music, group chanting, poetry, drama, storytelling, movement/dance, sand play etc.), to address various mental health issues and to promote personal growth and wellness. Expressive Therapy is coordinated collections of personal growth method developed specifically to help children and adults neuro-psychologically who are in need. Expressive therapies add a unique dimension to psychotherapy and counseling because they have several specific characteristics not always found in strictly verbal therapies. Out of all types of disabilities, intellectual disability poses greater challenges than the other types do. This paper is an attempt to analyze whether Expressive Therapy influence the adaptive behavior of children with intellectual disability. The results prove that significant changes could be brought by giving Expressive Therapy to children with mild intellectual disabilities. Also it shows traditional methods of chanting mantras in Sanskrit can be added as a compulsory component in the curriculum of teacher training programs. It can be an effective technique to enhance study skills among children with mild intellectual disabilities.

KEY WORDS: Expressive therapy, Intellectual Disability, Adaptive Behavior, Personal growth, Wellness.

Introduction

Expressive therapy aims to enhance positive changes in behaviour, beliefs and attitudes and to improve both the self-relationship and relationships with others, through catalysing "emotional healing" at both the conscious and unconscious levels of the psyche. It also prescribes many experiential exercises for promoting self-awareness, self-esteem, cognitive clarity, emotional and physical integration (Malchiodi, 2005). The expressive therapy is client-centred, emphasizing client empowerment and self-discovery. Its basic functions are:

1. Reducing behavioral dysfunctions
2. Reducing mental distress
3. Supporting and enhancing the strength, coping skills and capacity to use environmental supports
4. Facilitating maximum possible independence

As it is a known fact that Intellectual Disability means a condition of arrested or incomplete development of the mind of a person displaying sub normal intelligence. A person with intellectual disability is generally limited to some extent by his/her six adaptive skills needed for daily living like communication, social skills, academic skills, sensory motor skills, self-help skills and vocational skills. The linguists have divided language into several major areas. Children with intellectual disabilities often do not have good verbal skills to articulate his/her feelings, but he/she may be capable of practising and using them. This makes the expressive therapy very useful for helping such children express their feelings which they otherwise may not be able to do so or talk about.

Review of Literature

The expressive therapy has been defined as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sand tray as tools of psychotherapy, counseling, rehabilitation and health care. These are also known as 'creative arts therapy' according to the National Coalition of Creative Arts Therapies Associations (NCCATA, 2004).

Angelides (2008) points out that the present day research is focusing attention on some of the difficulties being faced within the mixed population of general and special students in a class. For example, educators just don't know how to respond to the needs of students categorized as having behavioural difficulties. The children who, were served earlier mainly by special teachers in segregated settings increasingly posed problems to every educator.

Adaptive behaviour

According to Luckason et al. (2002), adaptive behaviour is the collection of conceptual, social, and practical skills performed that have been learned by people while functioning normally in their everyday lives.

In the present study, adaptive behaviour refers to the effectiveness of the individual or the degree to which a person meets the standards of personal independence and social responsibility expected from his age and cultural group. This includes

communication, socialization and daily living behavior. Vig and Jedrysek (1995) examined a sample of young urban children with developmental disabilities to determine if there is a relationship between intelligence and adaptive behaviour. They also investigated whether there were differences in patterns of adaptive behaviour in children with disabilities that could not be explained by intelligence.

Statement of the problem

Over the last few years, there have been many changes for imparting special education to the persons with disabilities in the country. This includes the role of the special educator, therapist, parents, community and the management process. Presently the special educator not only imparts skill training and teaches various curriculum content but is also a facilitator of learning experiences, a planner, classroom manager and a therapist. Above all he is also a clinician trying to handle and deal with behavior management and control of the children with intellectual disabilities. Due to their significant limitations in their intelligence and adaptive behavior their needs are varied. Hence special educators teaching children with intellectual disabilities have an additional responsibility of developing individualized curriculum for every child. In India there are over 1700 organizations offering special education services (Mehta, 2006). The main aim of special education is to provide appropriate education in the least restrictive environment to children with disabilities. For this to happen, it is necessary to bring certain changes in the existing teaching strategies and principles for attaining adequate learning outcomes. It can be done by incorporating latest therapies such as expressive therapy into the school system suitable to the children with intellectual disabilities.

When adaptive behavior is discussed, social skills automatically loom on the horizon. These skills tap on individual's ability to express his/her positive and negative feelings in an interpersonal context. It should happen without a child suffering consequent loss of social reinforcement in a large variety of interpersonal contexts, that involves the co-ordinate delivery of appropriate verbal and non verbal responses (Bellack and Hersen, 1997).

The current study focuses on Impact of Expressive Therapy on the Adaptive Behavior of Children with Mild Intellectual Disabilities.

Objectives of the study

1. To develop Expressive Therapy package (Bhagavad Gita chanting: Chapter 12th Bhakti Yoga) appropriate to the children with mild intellectual disability studying in special schools.
2. To study the effectiveness of the Expressive Therapy Package on the adaptive behavior of children with mild intellectual disability studying in special schools.

Hypotheses of the study

There will be no significant difference in the adaptive behavior of children with mild intellectual disability studying in special schools chanting the mantras of Bhagavad Gita under expressive therapy.

Methodology

In order to achieve the objectives of the study the investigator intended to know the 'Effect of Expressive Therapy on the Adaptive Behavior of Children with Mild Intellectual Disabilities'. As such this study was expected to bring out the cause and effect relationship between the variables. For this to happen, the investigator restricted the experimental study to two groups, the control and the experimental – pre and post test design.

Sample

A sample of 30 children with mild intellectual disabilities, both male and female, studying in the Special Education Unit at Ramakrishna Mission Vivekananda University, Coimbatore were selected for the study. The age range of the selected children was 8 to 11 years. All the samples in same could speak and repeat orally.

Tool

The Vineland Adaptive Behavior Scales, Second Edition is an individually administered test of adaptive behavior that can be given to person up to the age of 90. The VABS is a revision of the Vineland Social Maturity Scale (Vineland SMS) that was developed by Edgar A. Doll (1935, 1965) and used for the valuation of individuals with intellectual disability.

Administration time

Examiners can expect to spend 20 to 60 minutes conducting a semi structured interview, depending on the age or the developmental levels of the individuals being assessed. An additional 15 to 30 minutes may be needed to hand over score the forms, obtain derived scores and complete the interpretive steps.

Data collection

The mantras of 12th Chapter of Bhagavad Gita were introduced to the samples selected for the study. Pre and post tests were conducted on the sample by using the tool for adaptive behavior - The Vineland Adaptive Behavior Scales, Second Edition. Later the retention test was conducted after 15 days of complete intervention package. The data collection was completed in 3 months.

Results and discussion

Table No. 1.0: Skewness and Kurtosis for Adaptive Behavior at Five Trials

Trials	Skewness	Std. Error of Skewness	Skewness Coefficient	Kurtosis	Std. Error of Kurtosis	Kurtosis Coefficient
Pre_Adaptive Behavior	0.502	0.580	0.866	-0.645	1.121	-0.575
M1_Adaptive Behavior	0.119	0.580	0.205	-0.744	1.121	-0.664
M2_Adaptive Behavior	0.026	0.580	0.045	-1.150	1.121	-1.026
M3 (Post)_Adaptive Behavior	0.058	0.580	0.100	-1.637	1.121	-1.460
Reten_Adaptive Behavior	-0.009	0.580	-0.016	-1.633	1.121	-1.457

Skewness and kurtosis coefficients both were not only lying within ± 1.96 standard errors but within ± 1.00 standard errors for two trials of the behavior. This supported the fact that the distributions of the two trials have fallen within the normal range and satisfy the assumption of normality. All the skewness values were found to be positive, indicating few very high score/s in the right side of the distributions. Kurtosis for distributions of two trials of Adaptive behavior at two trials Pre and Post were positive indicating slight peakedness in the middle. Whereas, the kurtosis in the distributions of two trials was found with negative values, that indicated slight flatness in the middle of the curve.

Both the Histogram and Normal P-P plots for four behaviors on two trials approached the shape of a normal curve.

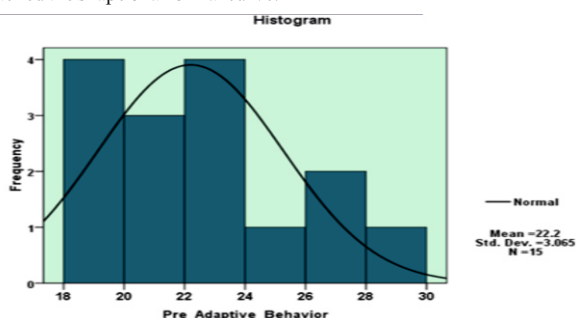


Figure No. 1.0: Pre_Adaptive_Behavior

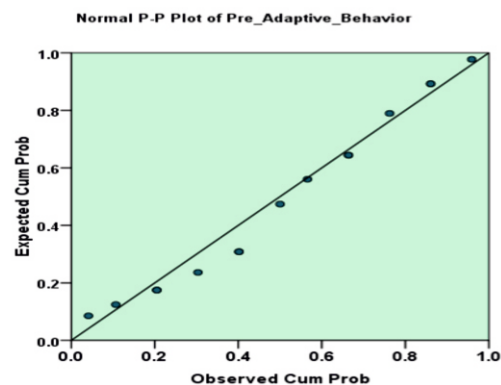


Figure No. 1.0: Normal P-P Plot of Pre_Adaptive Behavior

The estimated mean scores for adaptive behavior, showed a steady increase from first (Pre = 22.2) trial to fourth (M3 = 25.04). The mean adaptive behavior score indicated an increase from Pre trial (22.2) to the M1 trial (23.98) and continued to increase at M2 (24.33) and M3 (Post) (25.04). From Post to the Retention Trial there was again a small decrease of 0.15 points. For the five trials The Std. Error was in the range of 0.52 to 0.79. This indicated comparable stability of scores across trials. Overall, across the five trials the estimated mean scores for adaptive behavior appeared to change significantly for consecutive trials.

Conclusion

The increase in the estimated mean adaptive behavior from pre to M1 is (1.78) was statistically significant ($F(1,14) = 7.49, p < 0.05$, partial $\eta^2 = 0.35$). The increase in the estimated mean from M1 to M2 was of only 0.35 points. This difference was statistically significant ($F(1,14) = 7.72, p < 0.05$, partial $\eta^2 = 0.36$). Also the increase in estimated means from trial M2 to M3 is of 0.71 and statistically significant ($F(1,14) = 12.62, p < 0.05$, partial $\eta^2 = 0.47$). When compared with the earlier trials, the estimated means decreased from trial M3 (Post) to Retention trial.

Thus, the present data reveals that the difference in the estimated means of experimental and the control groups were very high on the Adaptive Behavior.

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